



City of Seattle  
Department of Planning & Development

**Applicant Services Center/Permit Issuance Counter**

700 Fifth Ave, Suite 2000, P.O. Box 34019 Seattle, WA 98124-4019

Phone: (206) 684-7718 Website: [www.seattle.gov/dpd](http://www.seattle.gov/dpd)

Hours: M,W,F: 7:30-5:30 T,Th: 10:30-5:30

PERMIT APPLICATION



Commercial & Multifamily Residential

**WORKSITE ADDRESS:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Floor(s): \_\_\_\_\_ Suite/Location: \_\_\_\_\_

**PROJECT DESCRIPTION** (see STFI Mechanical Permit Checklist): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROJECT VALUE:** \_\_\_\_\_ **WILL PROJECT BE COMPLETED IN STAGES?** YES \_\_\_\_\_ NO \_\_\_\_\_

Legal Description (if legal is too long, attach it to this form): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner/Lessee \_\_\_\_\_ Assessor's Parcel Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**I UNDERSTAND THAT THIS IS A REQUEST AND DOES NOT CONSTITUTE A PERMIT**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (PLEASE PRINT): \_\_\_\_\_

Relationship to Project (CIRCLE ONE): Owner Lessee Owner's Agent Contractor

**Agent Statement:** I certify that I am authorized by the owner/lessee to act on their behalf for the purpose of obtaining this permit.

Agent's Signature: \_\_\_\_\_

If a contractor will do the work, please bring the contractor's original license or a notarized copy of it with you at time of application or send a notarized copy with this application if submitted by mail.

Contractor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

License # \_\_\_\_\_ Exp Date \_\_\_\_\_

**THIS SECTION TO BE FILLED IN BY DPD STAFF**

**DPD PTS ADDRESS:** \_\_\_\_\_ **DPD Building ID #** \_\_\_\_\_

Zone \_\_\_\_\_ ECA/ESA \_\_\_\_\_ Shoreline \_\_\_\_\_ Historical \_\_\_\_\_ Greenbelt \_\_\_\_\_

Project # \_\_\_\_\_ Permit # \_\_\_\_\_ DPD staff initials \_\_\_\_\_ Date \_\_\_\_\_

Permit Fee \_\_\_\_\_ Receipt # \_\_\_\_\_